



**7600 Osler Dr, Suite 311 Towson MD 21204**

## **Financial Policy Statement**

Thank you for choosing Next Step Pediatrics as your child's healthcare provider. The following is our Financial Policy, please read it prior to us treating your child. Please help us in the following ways:

- 1.** Always bring your child's current health insurance card(s) to the office. Please notify us at the time of Check-In of any changes to insurance, address, or telephone number. Failure to notify us of any changes may result in incorrect billing that you may be responsible for.
- 2.** Co-pays, deductibles, and co-insurance balances are part of your contract with your insurance and are due at the time of service. Failure to comply could jeopardize your insurance coverage. You will be expected to pay in full if you do not have insurance, if our office does not participate in your insurance plan, if you are unable to provide valid medical insurance information at your visit, or we are unable to verify active coverage. If you do not have medical insurance or choose to self-pay for your visit, payment is due at the time of service prior to being seen by a physician.
- 3.** Your insurance policy is a contract between you and your insurance company. It is your responsibility to ensure we participate with your insurance, to know your out-of-pocket expenses that may occur, and/or uncovered services i.e.: sports physicals, diagnostic tests, surveys, etc. Ensure that all children have the correct primary care physician selected on policy if required.
- 4.** You may receive a separate bill for medical care for lab, x-ray, or other diagnostic services from another facility. You are financially responsible to pay that facility for any expenses that occurred. Such bills are not generated by Next Step Pediatrics; you will need to call the facility where services were rendered for questions regarding billing.
- 5.** A \$35 fee will be charged for all returned checks. Immediate payment in the form of a money order, credit card, is required for a returned check in the original amount plus the \$35 fee. After two returned checks, families will be no longer be able to submit checks as a form of payment.
- 6.** DO NOT ignore your billing statements. If you receive a statement which you believe is incorrect, please contact our Billing department immediately at 410-946-9181. If we do not hear from you, we will assume that you have accepted the responsibility for the balance.
- 7.** Full Payment of your account balance is expected within 30 days from the statement date. Delinquent accounts (unpaid balances past 90 days from the due date), will be sent to our collection agency. Collection costs and attorney's fees will be added to the outstanding balance, for each child with a past due balance. Thirty days after an account has been turned over to our collection agency the family will be discharged from our practice.
- 8.** Any insurance updates must be made within 45 days of the date of service. If not updated, corrected, and/or communicated with our billing department patient accepts the responsibility of balance. Payment would need to be made and Guarantor may submit bill to insurance for reimbursement.
- 9.** A \$10 LATE FEE - will be applied to any balances over 30 days past due per month.
- 10.** Next Step Pediatrics does not get involved with financial, legal, separation or divorce disputes. If the guarantor is delinquent in paying the balance, the balance will be transferred to the person who registered the child at the time of visit. If a divorce decree requires the other parent to pay all or part of the costs, it is the registering party's responsibility to pay the balance and collect from the other parent.
- 11.** There is a \$25 fee for filling out various forms, including but not limited to: School, camp, sports, and daycare. The fee must be paid before the forms are completed. Please allow 5-7 business days for completion.
- 12.** Our office requires 24 hours' notice to cancel an appointment if you are unable to keep it. Failure to comply with policy will result in a \$50 missed appointment fee. If you are more than 15 minutes late to your appointment your appointment may be rescheduled. More than 2 No-call No-Show appointments in a calendar year may result in possible dismissal from practice.
- 13.** Next step Pediatrics requires that you save a Credit Card on File for any outstanding balances that may occur on your child's account such as deductibles, co-ins, copays, non-covered services and missed appointment fees. Up to \$100 per month will be charged to CCOF until the balance is resolved.
- 14.** Next Step Pediatrics offers an altered vaccine schedule. If you choose this service, there is an upfront \$200 fee for this service. This will be charged prior to scheduling the altered vaccine appointments.

Patient(s) Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE